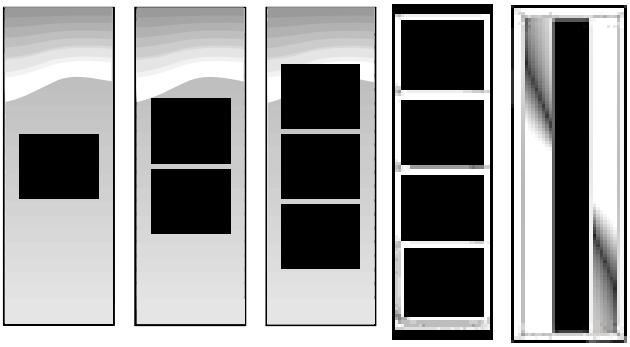
3 FEBRUARY 2009

UNITED STATES ARMY RESERVE

WARRANT OFFICER APPLICATION

SAMPLE PACKET



Steps to Process a Warrant Officer (WO) Application

1. References:

a. Army Regulation 40-501 dated 14 Dec 2007, Standard of Medical Fitness

b. Army Regulation 135-100 dated 1 Sep 1994, Appointment of Commissioned and Warrant Officers of the Army

c. Army Regulation 135-91 dated 2 Jan 2005

d. Army Regulation 135-18 dated 11 Jan 2004

e. Army Regulation 601-1 dated 12 Oct 2007

f. DA Pam 611-21 dated 22 Jan 2007

g. DA Pam 601-6 dated 14 Jun 2006, Warrant Officer Procurement Program.

2. Applicants must meet the following **NONWAIVERABLE** requirements:

a. Possess a General Technical (GT) score of 110 or higher

b. Be a US Citizen

c. Possess a Secret security clearance (an interim or continued access clearance is also acceptable).

d. Be a high school graduate or have a GED.

e. Pass a Chapter 2, pre-commissioning physical (technical MOSs).

3. The Officer Accession NCO (OANCO) is responsible for assisting the applicant in preparing and processing the application. Applicants should go to (https://usarcintra/rtd/accessions/wo_default.htm) and review the prerequisites for the Warrant Officer MOS they are applying for. Waivers for unmet prerequisites will be reviewed on a case by case basis. Applicants requiring a moral waiver will be sent to HRC, age waivers to DA G-1, medical waivers to USAREC, APFT waivers to DA G-3, and prerequisite waivers to the WOMOS proponent.

4. Assemble the application using the sample packet as a guide. **DO NOT** send incomplete application with plans to send the missing document(s) later. **DO NOT** use document protectors, binders, stables or **two sided copies.**

5. DA Form 61 and DA Form 3574/3575 are on PureEdge. Soldiers complete the DA Form 3574 on their first term of service, and soldiers on a subsequent enlistment complete the DA Form 3575.

6. Applicants should submit the completed application to the Officer Accessions NCO (OANCO). The OANCO will screen the application for completeness, accuracy, and compliance with the minimum prerequisites. The OANCO will then send the complete packet to the Regional Special Missions NCO for final quality control check (QC).

Steps to Process a Warrant Officer (WO Application (con't)

7. The Region Special Missions NCO will send the completed application to the Army Reserve Career Division (ARCD) Warrant Officer (WO) Section for final screening/quality control check and processing.

a. Technical WO applicants: ARCD will forward applications to the appropriate proponent for a technical evaluation. ARCD will prepare proponent approved applications for presentation t the next scheduled DA WO selection board. ARCD will return proponent disapproved applicants to the Regional Special Missions NCO with an explanation of disapproval.

b. Applications that are incomplete or need corrections will be held at the ARCD Accessions no more than 7 days after receipt, pending receipt of required corrections. ARCD will return applications to the Region Special Missions NCO after 7 days. The Region may resubmit the WO application to ARCD upon completion.

c. Selection by the DA Board held at HQ USAREC: Applicants will be notified of the DA Board results through their Region. Custody of the accepted applicants records will be turned over to USARC Initial Military Training Management Team, who is also responsible for scheduling the applicant for the Warrant Officer Candidate Course (WOCC).

Checklist Additional Instructions

1. Prepare the DA Form 61 using the example provided. Pay particular attention to the following areas:

a. **Block 21**: List all colleges attended with either degree/credits and the graduation or expected graduation date. (if you list a college be sure to include a copy of the transcripts in the packet. **No internet transcripts will be accepted**. Unofficial transcripts will be accepted that are on College Letterhead).

b. **Block 26**: Exclude traffic violations involving a fine of $250.00 or less. Over $250.00, moral waiver required, include court documentation with waiver.

c. **Block 27 & 28e**: AC = all active components (Army, Navy, Air Force, Marines & Coast Guard). RC – all reserve components (Army, Navy, Air Force, Marines, Coast Guard, and all National Guard units).

d. **Block 41**: Use the format shown with your data entered and signed by your commander. **Must be signed by the Commander**. Applicants who do not meet height/weight standards of AR 600-9 must include a Body Fat Content Worksheet.

e. **Block 42**: Ensure you sign and date before forwarding your application. (Applicant signature and date must not be fore the date of the APFT).

Checklist Additional Instructions (con't):

2. **Company and Battalion Commander Letters of Recommendation**: Should be 3 to 5 paragraphs long, with specific, quantifiable comments about your character and tactical and technical competence. Letters with generic, flowery sentences are not effective in communicating your qualifications to either the proponent or the board. Use memorandum format and address to **MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000**. Make every attempt to obtain a letter from a Senior Army Warrant Officer (CW3-CW5) from the MOS for which you are applying. If there is not WO available, you may use the first Field Grade Officer (MAJ, LTC, COL) to verify your technical abilities. Civilian letters of recommendation should be on company letterhead and should be directed toward your experience and supervisory ability. Include the POC and their office phone number in the letter.

3. Resume: Prepare a resume using the format provided. You must use this format; however, you can lengthen or shorten the resume as needed. Make sure you sign and date the resume. All entries are 4 lines.

a. DD MMM YY – DD MMM YY (leave off day on Military and Civilian Experience)
b. Name of Course, duty title or job title
c. Name of School that taught course, unit where you held that duty, or company where you held that position.
d. City and State of school, unit or company

4. Transcripts: Required to verify all education and must show course title, credit hours awarded, and grade received; for example, English 101, 3 hrs, A. **Unofficial copies are acceptable if they are on College letterhead. Internet copies are not acceptable**.

5. DA Photo: Official DA Photo required. Other services photos are acceptable, but the Class A uniform is mandatory except for mobilized Soldiers. In their care, any clear picture in duty (ACU) uniform will suffice.

6. Physical: Chapter 2 for technicians, Flight for aviators. **MUST BE CERTIFIED TRUE COPY**. Blocs 15c and 74a of the DA Form 2808 and Block 6c of the DA Form 2807-1 must reflect WOC Appointment, Commissioning, DAZ, WOC School or similar wording.

7. Security Clearance: A Personnel Summary from JPAS is required to show proof of Secret or Interim Secret clearance. If the applicant has no Interim Secret clearance and it does not show up on JPAS, include a screenshot of the applicants SMS page showing the Interim clearance.

Questions or comments contact WO-TEAM

Warrant Officer Prerequisites and Duty Description

420A - Human Resources Technician

Duties:

- Manages functions which support the Army's Human Resource (HR)/Personnel Management systems. Performs duties as Chief of a Section in Technical Field Operations Section or in a HR Platoon of a HR Company. Serves as the HR Technician of a BCT (UA) or at any BDE/Group le in the Army structure. Monitors input to the eMILPO, SIDPERS (NG) DIMHRS, OMF, EMF, and other automated/manual data systems used in human resources/personnel management by use established forms and coding procedures. Makes decisions based on a variety of information sources, personnel, and command requirements. Initiates and prepares correspondence or messages to other organizations, both military and civilian, and individuals in response to reque for information, policy or guidance. Oversees office automation (e.g. word, excel, PowerPoint) processing activities supporting the personnel activity. Oversees and monitors strength management, postal operations, replacements operations, PASR, casualty operations, data accuracy, and levy and award actions for the Combatant Commanders. Interprets regulations, MILPER messages and ALARACT messages for individuals, subordinates, and commanders. Counsels individuals on personal and family member affairs, financial matters, and career considerations. Supervises large numbers of military and civilian personnel engaged in speciali personnel and administrative related duties. Manages the integration of automated personnel systems into the information management work center. Oversees issuance of all types of orders and processing. Oversees the overall dispensing of customer services to include management the personnel services center appointment systems, management of the soldier suspense program, and management of the identification card system to include update of the DEERS/RAPIDS data base.

Minimum prerequisites:

(42A/F/L) Active Component

- Be a SSG (E-6) or above.
- Have less than 12 years AFS on the date DA Form 61 signed.
- Have a PMOS of 42A/F or PMOS 42L and complete the 42A certification course (see BNCOC r below).
- Be a 42A/F/L MOS BNCOC graduate.

Note: If a graduate of BNCOC before 1 Oct 04, and PMOS 42L, must complete the 42A certification course. If a graduate of BNCOC after 1 Oct 04, 42A certification is not required.

- 30 semester hours of college with a minimum of six (6) semester hours of college level English

included from an accredited academic institution. Speech and public speaking courses are not considered as meeting this requirement even if administered by the English department of an institution. Successful completion of the CLEP general examination in English or an undergradu degree is the only acceptable alternatives.
- Have a minimum of four years operational experience in 42A/F/L series MOS. Practical experie may be documented through NCO evaluation reports and award citations.
- Have 18 months leadership experience supervising Soldiers documented on NCOER.
- Have on file a minimum of three (3) NCOER's that reflect outstanding duty performance ratings human resource operations and/or personnel management.

Preferred prerequisites:

- Have 6 hours of documented computer training.

NOTE: A letter from a senior Human Resource Technician is not required. If a letter from a HR Warrant Officer (CW3-CW5) is included, it will add weight to the overall strength of the packet. A letter from a Fi Grade Human Resource officer is also acceptable.

Minimum prerequisites:

(42A/F/L) National Guard/US Army Reserve

- SGT or above.
- Have a PMOS 42A/F or PMOS 42L (see BNCOC note below) or PMOS 79T/V.
- Regardless of MOS, Unit Technicians (GS employee) with at least 5 years of outstanding servic as document on official evaluations.
- Regardless of MOS, if previously served in one of the above MOS and meets all time requireme of listed MOSs.
- Be a 42A/F/L MOS BNCOC graduate or if a 79T/V be a BNCOC graduate.
- 30 semester hours of college with a minimum of six (6) semester hours of college level English included from an accredited academic institution.
- Have 18 months leadership experience supervising Soldiers documented on NCOERs.
- Have on file a minimum of three (3) NCOER's that reflect outstanding duty performance ratings human resource operations and/or personnel management.
- Have a minimum of four years operational experience in 42A/F/L series MOS. Practical experie may be documented through NCO evaluation reports and award citations. (Also see bullet belo
- The following may be considered for NG AND USAR Soldiers: Practical experience acquired fr civilian employment may be acceptable provided the experience is documented by employee evaluations or performance appraisals and determined to be equivalent to military experience. A portion of the practical experience requirement may be waived for applicants who have a degre a Human Resource Management, Personnel Management, Business Administration, or Public Administration discipline from a regionally accredited academic institution.
- An Associate degree may be used to offset 1 year of practical experience.
- A Bachelor degree may be used to offset up to 2 years of practical experience.
- A Master degree (or equivalent) may be used to offset up to 3 years of practical experience:
    - Applicant's grade point scores for discipline courses must be at least 2.0 on a 4.0 scale t qualify for education substitution.

Preferred prerequisites:

- Have 6 hours of documented computer training.

NOTE: A letter from a senior Human Resource Technician is not required. If a letter from a HR Warrant Officer (CW3-CW5) is included, it will add weight to the overall strength of the packet. A letter from a Fi Grade Human Resource officer is also acceptable.

Please contact the proponent POC below only for questions regarding preferred qualifications. Address other inquiries to the Warrant Officer Recruiting Branch.

POC: **CW5 Ronald Galloway**

E-Mail: Ronald.Galloway@us.army.mil
DSN: 734-8358
COMM: 803-751-8358

Last Update: 10/16/2008

Contact US

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WARRANT OFFICER QUALITY CONTROL CROSS CHECKLIST

	Region						
As of 3 FEB 09	**Rank/Name:**						
CATEGORY	**ITEM**	**CHECK FOR:**	**YES/NO/ NA**	**ANCO INITIALS**	**SP MSN INITIALS**	**RTD INITIALS**	**NOTES**
CHECKLIST	**CHECKLIST**	Is the USAR Fm 135-R or 136-R properly filled out to include unit vacancy information?					
PREREQUISITES	**MOS**	Does Soldier hold feeder MOS? (check prerequisite sheet) If not, include Waiver Request.					
	APFT	Does Soldier take standard 3 event PT Test. If not, include Waiver Request, DA Fm 705 and physical profile Form 3349, **Memo from 1st LTC in chain of command**					
	Age	Does Soldier meet maximum age for accession for WMOS? If YES, include Waiver Request.					
	Grade	Does Soldier meet minimum grade for WMOS? (check prerequisite sheet) If not, include Waiver Request.					
	Experience	Does Soldier meet minimum (feeder MOS) experience for WMOS? (check prerequisite sheet). If not, include Waiver Request.					
		Does Soldier meet civilian experience for WMOS? (check prerequisite sheet) If YES, must include civilian appraisals.					
		Does Soldier have minimum supervisory experience for WMOS? If YES, cross check against NCOERS. If not, include Waiver Request.					
	Education	Does Soldier meet minimum civilian education requirements for WMOS? (check prerequisite sheet) If not, include Waiver Request.					
		Does Soldier meet English requirements for WMOS? (check prerequisite sheet)					
		TABE Test requirement: Must include test results. (check prerequisite sheet)					
	NCOES	Does Soldier meet minimum (feeder) NCOES requirement? (check prerequisite sheet). If NO, must include waiver.					
	Training	Does Soldier meet minimum training required for WMOS? (check prerequisite sheet) If YES, must include documents in packet.					
	Additional Testing	Does WMOS require AFAST, TABE, DLAB or any additional tests for WMOS? (check prerequisite sheet) If YES, must include test results.					
	Letter Of Recommendations (LOR)	Does Soldier have **ALL** required LORs for WMOS which applying for?					
	Security Clearance	Does Soldier have minimum required security clearance as required for WMOS? If NOT, soldier must have an Interim Security Clearance or continued access to go before the DA Selection Board. **NOTE: Interim Clearance do not expire if issued by USARC G-2.**					
DA Form 6256 or DOD 1304	**WOFT ONLY**	These are the forms showing the AFAST Scores.					
DA Form 61 (Page 1)	**Item # 1**	(X) Warrant Officer -Army Reserve					
	Item # 2	Enter AR 135-100					
	Item # 3	Always enter WO1					

	Item # 5a	MOS CODE: Enter the WO MOS applying for; reference this from the **Feeder MOS List. Example: 420A**					
	Item # 5b	Enter the MOS title that is printed on the **MOS Prerequisite sheet. Human Resources Technican**					
	Item # 7	LAST NAME, First Name Middle Name (DOE, John Randall)					
	Item # 8	Enter Rank **(SSG)**					
	Item # 9a	Enter SSN **(000-00-0000)**					
	Item # 10	Enter MOS held that feeds into a WO MOS; **reference Feeder MOS List.**					
	Item # 11	Enter the total number of years of Active Duty -(This should match section II, block 18 of the 2a and #27 of DA 61 (Active Duty Time.)					
	Item # 12	Self explanatory					
	Item # 13	Enter the number of dependents under age 18;					
	Item # 14	Enter date of birth as **(14 JUN 67)**.					
	Item # 15	Enter place of birth as: **City** **County** **State (GA)**					
	Item # 16	Enter SEX; M-male, F-female.					
	Item # 17	Enter the units complete military address to include the **phone number** and **UIC. SOURCE DOCUMENT 2A.**					
	Item # 18	Enter complete address of applicant to include phone number, if no phone put NO PHONE.					
	Item # 19	Not required if current mailing address is the same as permanent address.					
	Item # 20	US Citizen should always be marked YES since you must be a US Citizen to apply.					
	Item # 20a	Enter YES or NO; if applicant is a naturalized check the YES block then go to block b.					
	Item # 20b	Self explanatory.					
	Item # 20c	Enter the applicants certificate number showing he/she is a US Citizen, date and address of court must be included. **Include Naturalization certificate**.					
	Item # 21a	Self explanatory.					
	Item # 21b	Enter the Name and Location of High School; (Great High School, Anywhere, MI 49503).					
	Item # 21c	**Most Current College on top.** Name, City, ST of College or University as; (Univ of MI, Smart, MI) if you need more room go to the next line. **Each college listed must have a transcript, no internet/web page transcripts accepted, unofficial transcripts accepted, if on college stationary. Can list only the current college attending, if all colleges are rolled up on one transcript.**					
	Item # 21c(1)	Enter type of Degree; if degree has not been earned leave blank.					
	Item # 21c(2)	Enter credits earned.					
	Item # 21c(3)	Enter number of years attended.					
	Item # 21c(4)	Enter the date graduated or will graduate as; (day/month/ year 15 11 2004).					
	Item # 21c(5)	Enter major; if there is no major put (General).					
	Item # 22a	Enter the highest level of military school; Should be a **NCOES** but if none put the highest military school (**AIT**); Enter as (US Army Support Institure,Ft. Sill, OK)**Verify this with the DA Form 1059 and Section III block 22 of DA 2A and the DA Form 2-1 block 17.**					

	Item # 22c	Enter the from month and year to month and year and (X) if completed. ***(i.e. From 08 03 To 08 03*** **)**.					
DA Form 61 (Page 2)	**Item # 24**	**X** the appropriate box					
	Item # 25	Enter **X**					
	Item # 26	Enter no if applicable and applicant has not had fine over **$250. If yes, include Moral Waiver request, with supporting court documentation.**					
	Item # 27	Active Military Service; **Enter all active military service to include AGR and Mobilized time that produced a DD 214.** Do not enter Basic and AIT unless over a year.{a. **US Army or US Army Reserve (mobilized) or appropriate branch** b.**13 Jan 03** c. **15T3O** e. **SSG/AC** (**AC=**Active Component); SSG/RC (**RC=**Reserve Component/National Guard) **Most current on top.**					
	Item # 28	Enter all Reserve time; This includes ARNG and other Branches of Reserve time. Same formatting applies as Item #27. **Most current on top**					
	Item # 30	**Only list personal awards(e.g. AAM, MSM). If none leave blank**					
	Item # 31a,b,c,d,e	Check the appropriate boxes.					
	Item # 32	Answer question; if NO then enter NO if YES Explain.					
	Item # 33	Answer question by putting an X in the appropriate box.					
DA Form 61 (Page 3)	**Item # 40a**	Enter the **complete address of the employer with phone number;** If the phone number will not fit put it in the lower left hand corner of block 41 REMARKS. **If the applicant is unemployed enter "UNEMPLOYED" .**					
	Item # 40b	Enter the Job title. **(Should match 2-1 item 26)**					
	Item # 40c	Enter the month and yr when started and the month and yr ended or present.**(Input dates for unemployed entries).**					
	Item # 41	Enter the required PT/HT/WT statement with the Commander's Signature Block. (**See Sample Packet**) **NO DELEGATION OF SIGNATURE AUTHORITY ON APFT STATEMENT**. Must be signed by the commander, per DA Pam 601-6 para 1-4f. **THE SOURCE DOCUMENT FOR THIS ENTRY IS THE DA FORM 705; MUST BE CURRENT PT TEST.**					
	Item # 42	Enter the date and signature of applicant; **Ensure this is on or after the PT Test. Original Signature**					
DA Form 61 (Page 4)	**DA Form 61 Page 4**	**DO NOT ENCLOSE; THIS PAGE IS NOT USED WITH WARRANT OFFICER APPLICATIONS.**					
LETTERS OF RECOMMENDATION	**Commanders Letter**	**Letter should come from the applicant's commander.** The UA can sign for the commander if the memo of signature authority is enclosed in the packet. Refer to the sample in the Sample Packet. **Ensure all letters of recommendation are addressed correctly and have POC information. If someone else signs for the commander, then ensure that the Commander's Signature Authority Memo is enclosed in the packet.**					
	BN Commander Letter	Letter should be from the applicant's BN Commander In some units there is no BN CO, in that case get a letter from the first Field Grade officer in Chain of Command. Refer to the sample in the Sample Packet.					
	WO Letter	**All applicants should have a letter from a Sr. WO in the MOS applying** for to add strength to the packet. Check the MOS Prerequisite, most require this letter. A WO is not available contact your Sp MSN NCO for help in finding a WO who will provide a letter. These letters must have substance to them and must address the technical expertise of the applicant.					

	Other Letters	Other letters of recommendation are good but be sure they relate to the applicant's leadership or expertise in the field applying for.					
WAIVERS	**Moral**	Moral waivers are approved at HRC St. Louis. Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board.See Sample Packet for moral waiver format. **(Include court documentation, if no documentation, must so state in waiver request).**					
	Age	Age waivers are sent to DA G1 for approval/disapproval; When asking for this type of waiver applicant should not be asking for any other type of waiver anything over 49 usually is not approved; Any packet requiring a waiver; needs to be at ARCD 60 days prior to the DA Board .					
	Medical	Medical waivers are sent to HQ USAREC, Any packet requiring a waiver; needs to be at ARCD 30 days prior to the DA Board . **(Include supporting documentation from civilian doctor on medical condition. Include diagnois, prognosis and a summary)**					
	APFT	APFT wiavers are sent to DA G3 for approval/disapproval; **Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board. Waiver requests must follow sample format and include current DA Form 3349, DA Form 705 & memo from 1st LTC in chain of command. Profile should match Chap 2 physical.**					
	Prerequisite	Prerequisite waivers are approved/disapproved by the proponent in the WO MOS applying for these are done at the same time proponent is approving/disapproving the applicant. When requesting a prerequisite waiver be sure the request justifies why it should be approved;					
DA PHOTO	**DA Photo**	DA Photos are required. They should be done at a military facility. If the Soldier is deployed outside conus - any photo in BDUs/ACUs will be accepted. **Check photo-does it look acceptable and do ribbons match block 9 of DA Form 2-1.**					
RESUME	**Resume**	**See the Sample Packet for format.** Resume must be signed and dated by the applicant. Ensure the Objective is for the right MOS and the prerequisite title is the same. Check that the education level matches with Section III block 24 of the DA Form 2A. Assignment history should match DA Form 2-1 and NCOER's. Military Education should include all NCOES Courses and all courses that pertain to WOMOS.					
DA FORM 2A	**DA Form 2A**	**Section I; blocks 1-8, 12, 14 & 16** make sure they are correct.					
	pen changes are acceptable	**Section II: Check blocks 1,2,4,5,18,20** are correct.					
		Section III: Check blocks 1,7,8,9,10 (source document is the Chap 2 physical). **Block 13,14,15** should match the DA Form 705 (PT Test). **Block 19** should match JPAS. **Block 22** should match DA From 1059. Check **blocks 23 - 25** should match resume.					
		Section IV: block 1 and 2 should match page 1 of DA 61 block 17.					
		Section V: Make sure blocks 3 and 5 are correct.					
		Section VII: Make sure applicant signed and dated form **(Must be within 1 year).**					
	DA Form 2-1	**Block 1:** Is name correct (crosscheck with DA 61).					
	pen changes are acceptable	**Block 2**: Is SSN correct (crosscheck with DA 61).					
		Block 5: List deployments **Example: 0805 - 0306 Iraq; 8; TDY**					
		Block 6: Is MOS correct. **(Should match DA Fm 2A, Sec III, item 1)**					
		Block 8: Is GT score 110 or higher. **(Must have date and place)**					
		Block 9: Do Ribbons match DA Photo.					

DA FORM 2-1 or ERB Item numbers will vary depending upon form date, Current Form May 2008		**Block 17**: Is NCOES and other civilian education and military schools correct; must match resume.					
		Block 18: Is Rank correct.					
		Block 20: Should match 2A Sec II, item 7.					
		Block 22: Must match Chapter 2 physical.**Enter HT/WT Date of Exam & check Yes/No for glasses**					
		Block 23: Place of Birth & Citizenship					
		Block 24: Dependents must be entered.					
		Block 25: Home of Record/Address should match DA Fm 2A item 14.					
		Block 26: Civilian Job info must be filled out; should match block 40- pg3 of DA 61. Include job title, duties performed, and the name of employer. **Always check NO for critical occupation.**					
		Block 31a or (32a depending on date of form) must match DA Fm 2A Section II item **10 and 31c or (32c depending on date of form) m**ust match DA Fm 2A Section II item 9.					
		Blocks 32 and 33 (33 & 34 depending on date of form): Must be dated and signed by the applicant.					
		Block 34 (or 35 depending on date of form): Assignment history cross check against resume and NCOERs					
-	**NCOER Memo**	**MUST have if Soldier does not have 5 consecutive NCOER's; E-5's with less than 5 NCOER's must submit this memo.**					
	NCOERs	**Its best to get all required NCOERs from 2X Citizen.** By doing this they are stamped as certified copy indicating that they are official records in the Soldier's file.**(Do not stamp certified true copy).**					
TRAINING	**DA Form 1059**	DA Form 1059s from all **COURSES**					
	Certificates	Provide any additional training certificates that support the applicants qualifications for the WMOS (**i.e. ASE Certification, NOVELL Certification, etc…)**					
	Transcripts	Ensure that the transcript supports any prerequisite for education. If a school is listed on the DA Form 61, Item #21c, the transcript should be included. **No internet/web page transcripts accepted. Unofficial student transcripts are accepted on school stationary.**					
SECURITY	**Security Clearance Verification**	JPAS Printout/If Soldier has interim then a printout from SMS is needed.					
	DA Form 3574 or 3575 (as applicable)	Enter **AR 135-100** in first paragraph; Make sure bottom of form is filled out and signed. **USE THE CORRECT FORM BASED UPON THE APPLICANT'S TIME IN SERVICE. Original Signature**					
	Stmt of Understanding	Copy to letterhead and type the applicants name and SSN on bottom and have signed.					
CHAP 2 PHYSICAL	**Chapter 2 Physical**	**Make sure it is certified true copy.** Ensure it is a Chapter 2 commission physical. **Must be within 18 months of DA Board Selection. Flight physicals must be stamped by Ft. Rucker Flight Surgeon. 2807-1: Check blocks 1,2,3,5 are filled in, and blocks 6a,b,c. 2808: BLOCK 15a,b,c are checked.** ***Make sure it is marked commision, DAZ, or something that shows it is a Chap 2 Physical. 2808*** **- Block 74a - Must be checked "is qualified". Block 74b must be filled out completly. Block 81a must be signed by the Physician.**					
	Stmt of Religious Practices	Have applicant sign and date.					
BONUS	**DA 4856 and Bonus Paperwork**	Check current SRIP list to confirm eligibility.					

VACANCY	**Unit Vacany Report**	Include unit vacancy report from **REQUEST** or, if the position needs to be loaded, include the **Vacancy Load Sheet.**					
AGR	**DA Form 4856 AGR Counseling**	AGR's must sign and date (If applicable).					
SOLDIERS FROM OTHER BRANCHES	**DD Form 368**	Request for Conditional Reslease (if applicable).					
Print ANCO Name & Signature		_____					Date_____ _____
Print SP MSN NCO Name & Signature		_____					Date_____ _____

Army Reserve Warrant Officer Checklist

(For use of this form see USAR Reg 140-6; the proponent agency is AR-RTD)

RRC: _____ **Rank:** _____ **WMOS:** _____

Applicant's Name: _____

Unit Assigned: _____ **UIC:** _____ **Unit Phone:** _____

Unit Address: _____

Applicant is: USAR TPU ____ OTHER _____

YES	NO	
___	___	DA Form 61 (w/Commander's statement signed in Block 41)
___	___	Recommendation by Applicant's Unit Commander
___	___	Recommendation by Applicant's Battalion Commander
___	___	Other Letters of Recommendation
___	___	Waivers: Moral _____ Prerequisite _____ Age _____ Medical _____ BNCOC ____ APFT _____
___	___	DA Photo
___	___	Resume
___	___	DA Forms 2A and 2-1
___	___	DA Form 2166-8 (NCOERs for last five years)
___	___	NCOER Letter (for missing evaluations)
___	___	Training Certificates - MOS - Leadership
___	___	Transcripts
___	___	Security Clearance Letter (Clearance level, investigation, date initiated)
___	___	DA Form 3574 or 3575
___	___	Statement of Understanding
___	___	Preappointment Physical with HIV and drug/alcohol results within 18 months of DA board
___	___	Statement of Religious Practices
___	___	Unit Vacancy Report UIC _____ Para _____ Line _____ Posn _____ WMOS _____ Grade _____
___	___	Is applicant mobilized?
___	___	DA Form 4856 for Bonus Counseling

WOANCO/LRTNCO OF CREDIT: _____ **Phone:** _____

RRC/MSC: _____

I HAVE REVIEWED THIS APPLICATION:

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED

- [ ] COMMISSIONED OFFICER - REGULAR ARMY
- [ ] COMMISSIONED OFFICER - ARMY RESERVE
- [ ] WARRANT OFFICER - REGULAR ARMY
- [x] WARRANT OFFICER - ARMY RESERVE
- [ ] OFFICER CANDIDATE SCHOOL

2. GOVERNING REGULATION OR CIRCULAR *(Specify appropriate section(s) if applicable)* AR 135-100

3. GRADE FOR WHICH APPLYING *(Reserve appointments only)* WO1

4. **SOURCE OF APPLICATION** *(ROTC only)*

- [ ] DMG DATE DESIGNATED:
- [ ] SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:

5. **ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS** *(List choice by MOS code and title)*

a. MOS CODE	b. MOS TITLE
420A	Human Resources Technician

6. **BRANCH AND SPECIALTY PREFERENCES**

Regular Army and Officer Candidate applicants and all ROTC graduates:
In numerical sequence, indicate 10 branch preferences other than CA and SS.

USAR applicants: If applying for a specific Reserve vacancy, indicate *ONLY* the branch of the vacant position; all other applicants may enter more than one branch.

PREFERENCE	BRANCH	SPECIALTY
	AD	
	AG	
	AR	
	AV	
	CA	
	CM	
	EN	
	FA	
	FI	
	IN	
	MI	
	MP	
	OD	
	QM	
	SC	
	SS	
	TC	
	AN	
	CH	
	DE	
	JA	
	MC	
	MS	
	SP	
	VC	

PERSONAL DATA

7. NAME *(Last, first, middle)(Explain variations from birth certificate in Item 41)* DOE, John Randal

8. GRADE SFC

9a. SOCIAL SECURITY NUMBER 123-45-9654

10. BRANCH *(MOS if enl or wo)* 42A4O

11. TOTAL YRS ACTIVE SERVICE 5

12. MARITAL STATUS M

13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 1

9b. SELECTIVE SERVICE NUMBER N/A

14. DATE OF BIRTH 12 Jan 70

15. PLACE OF BIRTH *(City, county, state)* Louisville Jefferson KY

16. SEX M

17. COMPLETE MILITARY ADDRESS *(If presently on active duty) (Include ZIP Code)*
0415 REGT 1 BN Det 1 (CO B&C) (W71102)
1750 E 29th St., Tucson, AZ 85713-1989
PHONE AND/OR AUTOVON NUMBER 555-555-1212

18. PERMANENT ADDRESS *(Include ZIP Code)*
123 Forest Street
Huberville, KY 12395
PHONE *(Include area code)* 272-497-3215

19. CURRENT MAILING ADDRESS *(If difference from Item 18) (Include ZIP Code)*
N/A
PHONE *(Include area code)*

20. US CITIZEN [x] YES [ ] NO

a. NATIVE [x] YES [ ] NO

b. [ ] NATURALIZATION [ ] DERIVED [ ] IMMIGRANT

c. APPLICANT'S CERTIFICATE NO. *(If Item b. checked) (Date, place, court)* N/A

21. **CIVILIAN EDUCATION** *(See page 3 for additional requirements for professional personnel)*

a. HIGH SCHOOL GRADUATE [x] YES [ ] NO

b. NAME AND LOCATION OF HIGH SCHOOL Appletown High School, Appletown, TN 47612

c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED *(Include USMA, USNA, USAFA, USCGA, and USMMA)*	(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE DAY	MONTH	YEAR	(5) MAJOR SUBJECT
Univ of Louisville, Louisville, KY		3	1	3	6	2010	Business Administration
LA Tech, Ruston, LA	B.S.	63	2	15	12	2007	Criminal Justice
Johnson CC, Johnson, TN	A.A.	69	2	10	6	2000	Computer Networking

d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC. Deans List

e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN *(Continue in Item 41(Remarks))*

22. **HIGHEST LEVEL SERVICE SCHOOL ATTENDED**

a. NAME OF SCHOOL	b. COURSE	c. DATES *(Mo-Yr)* FROM	TO	COMPLETED YES	NO	d. IF NOT COMPLETED GIVE REASON
NCO Academy Fort Jackson, SC	42A ANCOC Phase 4	05 08	05 08	[x]	[ ]	

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY

b. ALAT SCORE *(If applicable)*

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? ☐ YES ☒ NO *(If yes, attach affidavit)*

25. ☒ I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING *(Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial)* REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? *(Exclude traffic violations involving a fine or forfeiture of $100 or less).*

☐ YES ☒ NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. **ACTIVE MILITARY SERVICE** *(Indicate tour with each organization separately - show ROTC Camps in Item 39)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
ENLISTED	Army Reserve Control Group (AGR)	15 Dec 95	Present	42A4O		SFC/RC
	Army Reserve (Mobilized)	14 Jun 91	10 Oct 91	42A3O		SSG/RC
	U.S. Army	25 Jun 87	24 Jun 89	71L1O		SPC/AC
WARRANT OFFICER						
COMMIS-SIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____

28. **RESERVE OR NATIONAL GUARD SERVICE** *(Not on active duty)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
ENLISTED	Army Reserve	11 Oct 91	14 Dec 95		42A4O	SFC/RC
	Army Reserve	05 Feb 90	13 Jun 91		42A3O	SSG/RC
	Army National Guard (Louisiana)	02 Aug 89	04 Feb 90		75H2O	SGT/RC
	Army Reserve Control Group (IRR)	25 Jun 89	01 Aug 89		71L1O	SPC/RC
WARRANT OFFICER						
COMMIS-SIONED						

29. SOURCE OF CURRENT COMMISSION *(If applicable)*

ARNGUS: ☐ OCS ☐ DIRECT APPOINTMENT ☐ OTHER

USAR: ☐ ROTC ☐ ROTC *(ECP)* ☐ ROTC *(SMP)* ☐ OCS ☐ DIRECT APPOINTMENT

30. AWARDS *(Do not list theater or service medals)*

MSM; ARCM; GCMDL-ARMY; ARMED-FCS-RES-MDL; AR-COMP-ACHVMT-MDL

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC ☐ YES ☒ NO b. OCS ☐ YES ☒ NO

c. APPOINTMENT IN RESERVE COMPONENT *(USAR/ARNG)*	YES	NO	d. APPOINTMENT IN REGULAR ARMY	YES	NO
AS A WARRANT OFFICER		☒	AS A WARRANT OFFICER		☒
AS A COMMISSIONED OFFICER		☒	AS A COMMISSIONED OFFICER		☒

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT *(If yes, give dates, country and type of service or employment)*

No

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED *(other than regular furlough or leave),* OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? *(If yes, state circumstances; if more space is required, continue on separate sheet).*

☐ YES ☒ NO

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY	35. APPLICANTS FOR CHAPLAINS BRANCH ONLY
BARS OF WHICH YOU ARE A MEMBER (Specify dates)	RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES (Month and Year)	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				

d. SPECIALTY BOARDS	e. DATES OF CERTIFICATION (Day, Month, Yr)

f. PLACE IN WHICH CURRENTLY LICENSED

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL	b. LOCATION

c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER	e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)
FROM	TO		

f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)

(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)

☐ YES ☐ NO

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)

SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS

COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING	
	FROM	TO		
a. BASIC			(1) INSTALLATION (Basic)	COMPLETION DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger)	COMPLETION DATE (Month, Year)

40. MAIN CIVILIAN EMPLOYMENT

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
		FROM	TO
Computer Warehouse, 555-555-5512 13 Fairview Avenue, Louisville, KY 40255	Bookkeeper	Feb 1998	Present

b. PRINCIPAL DUTIES (Describe briefly)

Part time job, responsible for keeping books for growing computer company.

41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)

I certify that SFC David Johnson successfully passed the APFT consisting of push-ups, sit-ups and two mile run with a score of 289, on 10 Oct 2008; the verified height is 72 inches and weight is 180 lbs.

Body fat statement with Body Fat Work Sheet Attached. (Leave off statementif soldier does not have to be taped).

Verifiers Signature Block

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE	SIGNATURE OF APPLICANT
	15 October 2008	Signed

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Recommendation for appointment as a Warrant Officer (Last Name, First Name, Middle Initial, 000-00-0000.

1. This letter is to provide Staff Sergeant John A. Doe my strongest endorsement for the Warrant Officer Candidate Program. SSG Does' proven technical skills coupled with his strong leadership make him an ideal candidate.

2. I judge SSG Doe a prime candidate based on the over twenty-four years of working with, evaluating, and mentoring intelligence warrants. During his mobilization supporting **OPERATION IRAQI FREEDOM,** he received General Officer recognition for his performance in a high op-tempo position that clearly demonstrated his ability to translate war fighter's needs into collectable intelligence requirements. SSG Doe is organized and detail oriented in every facet of his duty performance. SSG Doe volunteered for a tour with the National Geospatial-Intelligence Agency, applying his tactical knowledge and leveraging operational experience to broaden his professional competence in advanced geospatial-intelligence. Based on his experience, not often captured ina young Soldier, and communication skills, SSG Doe has been selected to deliver platform instruction at the National Geospatial-Intelligence College.

3. In summary, SSG Does' impressive credentials coupled with his poise, confidence, and dependability make him an outstanding candidate for the Warrant Officer Program. I submit this letter to the board with my highest recommendation and the utmost confidence that, if selected, SSG Doe will contribute immeasurably to the Warrant Officer Corps.

4. POC for this recommendation is the undersigned at (234) 679-3618 or (978) 654-7214, e-mail at john.b.jones@usar.army.mil.

(Signature)
JOHN B. JONES
CPT, MI, USAR
Commanding

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Warrant Officer Letter of Recommendation for Selection as a Warrant Officer (Last Name, First name, Middle Initial, 000-00-xxxx).

1. I strongly endorse SSG John Doe as a candidate for the Warrant Officer "Course in the field of imagery intelligence. SSG Doe has a strong background in imagery; all source intelligence and collection management. His borad background and understanding of military intelligence will allow him to successfully make the transition to an Imagery Technician.

2. SSG Doe has been called to active duty for one year and has performed exceptionally well in his current position as an Imagery Analyst with the National Geospatial Intelligence Agency (NGA) at the Washington navy yard, Washington, DC. I had the privilege of serving with SSG Doe in Kuwait/Iraq during the initial stages of Operation IRAWI FREEDOM and his professionalism and work ethic are second to none. He was selected to deploy inot Iraq with the Coalition Force Land Component Command (CFLCC) Early Entry Command Post (EECP) because of his maturity, dedication and ability to get results. SSG Doe has excelled at every position he has worked ranging from Battalion Operations NCO to IMINT requirements manager to Imagery Analyst. He exceeded course standards in the Basic Non-Commissioned Officer Course (BNCOC) and continues to move forward always seeking more responsibility.

3. Given his experience in the military intelligence community and as a civilian police officer, SSG Does' leadership, maturity and broad level of expertise is what the Warrant Officer Corps is seeking to fill our ranks. He will serve any organization well. I look forward to serving with the future Warrant Officer Doe in assignments to come and world go to war with him without a second thought.

4. POC this recommendation is the undersigned and can be reached at Work Phone (603) 520-1234 or jonathan.r.brown@us.army.mil.

JONATHAN R. BROWN
CW5, MI, USAR
Chief Military Intelligence

DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT), 1401 Deshler Street SW, Fort McPherson, GA 30330-2000

SUBJECT: Request for Prerequisite Waiver
Request for Age Wiaver
Request for Actiave Federal Service Waiver
(Select the appropriate one)

1. I am requesting a waiver for the prerequisite of having one year of documented maintenance shop supervisory experience. **(State the type of waiver you are requesting)**. Example for an age wiver; requests for Active Federal Service Waiver; requests for Prerequisite Waiver (state the prerequisite you wish to waiver).

2. Anyone can request a prerequisite, AFS or age waiver, but not everyone will get them approved. Give detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talents, special circumstances, etc. will probably be disapproved. With AFS waivers (required if you have 12 or more years AFS) or age waivers (required if you will be 33 or oler for aviators or 46 or older for technicians, by the convene date of the board), the same principle applies and requests must be fully justified. Adequate justification might be: unusual circumstances, deployed for past year and unable to submit a packet, unusual skills, or unique talents. Asking for these waivers just because they are a part of the application will not result in approval.

3. Please continue to consider my application for Warrant Office rCandidacy.

(Signature)
JOHN R. DOE
SFC, USAR
000-00-0000

NOTE: A separate waiver request must be submitted for each prerequisite).

DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848

REPLY TO
ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT), 1401 Deshler Street SW, Fort McPherson, GA 30330-2000

SUBJECT: Request for Moral Waiver

1. Request a waiver for the following offense: DUI. **(indicate specifically what you were charged with. Do not simply list the Article number. You must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include Summarized. A moral waiver is not required for traffic fines of $250.00 or less. Do not include court costs).**

2. Date of the offence: 10 August 1998. **(Month and Year)**

3. Place of offence: Slidell, Louisiana **(City and State)**

4. Punishment imposed: Fined $300.00 **(Fine amount, forfeiture amount, extra duty, letter of reprimand, etc.).**

5. Mitigating circumstances surrounding the charge: **(There are 3 points to address: (1) accepting responsibility for your actions, (2) the lessons learned, and (3) how you now contribute to your unit, community and military service).** The offence was commited while I was driving from a friends house to my residence. I submitted to a sobriety test and failed then locked up and released on bond. I was charged with DUI and received a 6 month suspended sentence and placed on probation for 2 years . I performed 32 hours of Community Service, attended a Driver's Improvement course and a Substance Abuse Program. Paid all Court Costs, documentation is included. I have accepted responsibility for the offence and have not driven after drinking since the arrest. I learned that criminal actions not only harm others but can also harm myself. I strive daily to live by the ARMY values and mentor my peers and subordinates to live by these values. I speak to young people at drill and in everyday life about drinking and driving. My experience lets my peers know the value of right from wrong. I encourage young people in the community to join the military, as it can enhance their values and life.

JOHN R. DOE
SFC, USAR
000-00-0000

NOTE: A separate moral waiver request must be submitted for each offense.
(You will this this moral waiver request if you responded YES to Block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver.)

COURT DOCUMENTS FOR MORAL WAIVER

APPLICANT MUST STATE IF NO COURT DOCUMENTS ARE AVAILABLE IN MEMO AND HAVE A MEMO FROM THE COURTHOUSE OR POLICE DEPARTMENT

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Exception to Policy Requiring Standard Three-Event Army Physical Fitness Test (APFT)

1. References:

a. Army Regulation 350-1, Army Training and Education, paragraph 3-9b, 9 April 2003.

b. Message, HQDA, DAMO-ZA, 23 June 2005, subject APFT Standards for Soldiers Enrolling in Warrant Officers Candidate School (WOCS) or Officers Candidate School (OCS).

2. I have a P2 profile with a PULHES of 112111. Physical Profile states no 2 mile run on APFT, may do alternate aerobic event of walk, swim or bike.

3. I feel in my case that the exception to policy should be considered. I have always done fairly well on all of my APFT'S (scores from 239 to 250) and I was getting ready for one when I re-injured my left knee. I consulted with my civilian doctor and a doctor from the 81st RRC and they both agreed that I tore my miscues joint and my ACL. Both doctors agreed that continuing running the 2 mile requirement for the APFT would cause more damage to my knee that what is already taken place and suggested the possibility of an alternate event. I was given a P2 profile from the 81st for the case at hand. I hand surgery on my left knee in November 04 and everything seems to be fine now and does not cause me any problems performing my duties as a Solider and in my civilian career. I am in excellent health and Fully Mission Capable what ever the job requirement is. I don't see any reason why I would not a strong asset the WARRANT OFFICER CORPS. I am a highly motivated and is very dedicated to the ARMY and to my fellow SOLIDERS.

4. I fully understand that applying for this exception to policy does not constitute an automatic approval. I further understand that I must be fully mission capable in the warrant officer specialty in which I am applying. I am fully worldwide deployable under this profile. **(This paragraph must be typed exactly as shown).**

Enclosure
DA Form 3349

JOHN R DOE
SSG, USAR
000-00-0000

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
84TH UNITED STATES ARMY RESERVE READINESS TRAINING COMMAND
50 SOUTH O STREET
FORT MCCOY, WISCONSIN 54656-5137

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Waiver Request Requiring Standard Three-Event Army Physical Fitness Test (APFT) DOE, JOHN R., 000-00-0000

1. I endorse SFC Doe's request for requiring the standard three-event Army physical fitness test (APFT).

2. SFC Doe is fully deployable. He meets all physical requiremnts IAW AR 40-501 and is able to take and pass an approved APFT IAW FM 21-21. There is no alternate event for the sit-up event. SFC Doe meets height/weight standards IAW AR 600-9. SFC Doe is able to fully complete all aspects of training, to include all road marches in the prescribed gear and uniform.

3. SFC Doe has demonstrated the overall skills, knowledge and leadership capabilities necessary for becoming an outstanding Technical Warrant Officer or Direct Commission Officer. SFC Doe has held numerous posiitons with the 84th and is highly respected from his peers, officers and enlisted soldiers within the unit. SFC Doe constantly strives for perfection and sets the example for others to follow.

4. The letter of recommendation by the first 0-5 in the chain of command should support the request and state that the applicant is physically capable of completing training and is fuly deployable. Request must address the critical needs and the negative impact on the Command's ability to support the Army's war effort and transformation. It should also address that all viable means to fill the vacant position have been exhausted. Specific, quantifiable comments about the Sodlier's character and tactical and technical competence should be identified to support this request.

5. SFC Doe currently has a PULHES of 131111, and does not conduct the sit-up event (currently there are no alternate events), due to not being able to keep his fingers interlocked on his neck. SFC Doe can conduct all of his duties as a Human Resource NCO efficiently and effectively and his profile does not limit his abilities to perform these duties.

6. POC is the undersigned at 608-388-7113 or e-mail @ you.r.young@us.army.mil

Signature Block of 1st 05 in Chain

Army Physical Fitness Test Scorecard

For use of this form, see FM 21-20; the proponent agency is TRADOC

NAME (LAST, FIRST MIDDLE)

SSN | GENDER

UNIT

TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION	
	WEIGHT: _____ lbs GO / NO-GO ☐ ☐	BODY FAT: _____ % GO / NO-GO ☐ ☐		WEIGHT: _____ lbs GO / NO-GO ☐ ☐	BODY FAT: _____ % GO / NO-GO ☐ ☐		WEIGHT: _____ lbs GO / NO-GO ☐ ☐	BODY FAT: _____ % GO / NO-GO ☐ ☐		WEIGHT: _____ lbs GO / NO-GO ☐ ☐	BODY FAT: _____ % GO / NO-GO ☐ ☐
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS
ALTERNATE AEROBIC EVENT EVENT _____ TIME _____ GO ☐ NO-GO ☐		TOTAL POINTS	ALTERNATE AEROBIC EVENT EVENT _____ TIME _____ GO ☐ NO-GO ☐		TOTAL POINTS	ALTERNATE AEROBIC EVENT EVENT _____ TIME _____ GO ☐ NO-GO ☐		TOTAL POINTS	ALTERNATE AEROBIC EVENT EVENT _____ TIME _____ GO ☐ NO-GO ☐		TOTAL POINTS
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE		
COMMENTS			COMMENTS			COMMENTS			COMMENTS		

SPECIAL INSTRUCTION: USE INK

LEGEND: **PU - PUSH UPS** **2MR - 2 MILE RUN**
SU - SIT UPS **APFT - ARMY PHYSICAL FITNESS TEST**

Data Required by the Privacy Act of 1974

Title DA form 705
Authority 5 USC Section 301
Disclosure of requested information is mandatory.

Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.

DA FORM 705

NEEDED ONLY

IF APPLYING

FOR APFT

WAIVER

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)* *(Limited to 3 months duration)*	☐	☐
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*	☐	☐
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? *(IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)*	Needs MMRB	Needs MEB/PEB

5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES *(If any answer (a-f) is NO then the profile should be at least a 3)*		
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON	☐	☐
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*	☐	☐
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT	☐	☐
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*	☐	☐
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE	☐	☐
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?	☐	☐

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN	☐	☐	APFT WALK	N/A	☐	☐
APFT SIT-UPS	☐	☐	APFT SWIM	N/A	☐	☐
APFT PUSH UPS	☐	☐	APFT BIKE	N/A	☐	☐

7. STANDARD *OR* MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING	☐	☐	OR RUN AT OWN PACE & DISTANCE	☐	☐
UNLIMITED WALKING	☐	☐	OR WALK AT OWN PACE & DISTANCE	☐	☐
UNLIMITED BIKING	☐	☐	OR BIKE AT OWN PACE & DISTANCE	☐	☐
UNLIMITED SWIMMING	☐	☐	OR SWIM AT OWN PACE & DISTANCE	☐	☐
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*	☐	☐	9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*	☐	☐

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

☐ This temporary profile is an extension of a temporary profile first issued on _____

11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED

Lifting or carrying max weight _____ or _____ distance

Running maximum distance _____

Prolonged standing - maximum time per episode _____

Marching with standard field gear except rucksack max distance _____

Impact activities such as jumping max # reps in one day _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*
15. ACTION BY APPROVING AUTHORITY	☐ APPROVED	☐ NOT APPROVED
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY	17. SIGNATURE	18. DATE *(YYYYMMDD)*

19. ACTION BY UNIT COMMANDER *(See para 7-12, AR 40-501)*	YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT	☐	☐

20. COMMENT

If this is a **permanent** profile with a PULHES serial of **3** or **4** refer to block 4c

21. TYPE NAME & GRADE OF UNIT COMMANDER	22. SIGNATURE	23. DATE *(YYYYMMDD)*

24. PATIENT'S IDENTIFICATION *(For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)*

25. UNIT

26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER

PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.

OFFICIAL

DA PHOTO

RESUME

NAME: **WHO,** You Are (LAST, First Middle Name)
RANK: Staff Sergeant
SSN: 000-00-0000

ADDRESS: 789 LaDon Street
Haughton, LA 71037
318-452-8654
you.are@us.army.mil

UNIT: HHC 4th Brigade (OSUT)
300 Miller Road
Shreveport, LA 71111
318-452-1111
you.are@us.army.mil

OBJECTIVE: To obtain an appointment as a Warrant Officer, USAR, in MOS 420A, Human Resources Technician

CIVILIAN EDUCATION: **(This should agree with Block 21 of the DA Form 61 and DA Fm 2-1 item)**

6 credit hours towards Masters degree in Human Resources, University of Phoenix (online), Phoenix, AZ; Bachelor of Science, University of Maryland, College Park, MD **graduated cum laude 4.0 GPA**; Associate of Arts, Central Texas College, Killeen, TX, **Deans List 2 semesters**; Diploma, Orchard View High School, Muskegon, MI

MILITARY EDUCATION:

List in order from most recent to earliest training attended/completed.

13 Jul 08 – 29 Jul 08
42A BNCOC Phase II
U.S Army Soldier Support Center
Fort Jackson, SC

Bold individual accomplishments such as **distinguished or honor graduate.** Stress MOS related subjects. How is school relevant? Indicating mid-level management school or just listing the scope of training is not very descriptive.

01 Apr 08 – 06 Apr 08
Network Manager Security Course
Readiness Training Academy
Fort McCoy, WI

Resume is very important, it shows your ability to communicate in written form. Write at the 12th grade level and use a thesaurus to help with vocabulary. Do both spell and grammar checks because errors will doom an application.

03 Oct 07 – 17 Oct 07
BNCOC (Common Core)
84th USARRTC NCOA
Fort Lewis, WA

There will be board members unfamiliar with your MOS so use easily understood terms. Make it reader-friendly. If using MOS specific terms, spell them out and **show the acronym in bold in parenthesis.** It is acceptable to use the acronym alone the second time. **Don't overuse bolding effect,** it can be a distraction to board members.

25 Aug 07 – 11 Sep 07 USAR Unit Pay Administration Course Readiness Training Academy (RTA) Fort McCoy, WI	This course provided the skills and knowledge required to perform the duties of basic-level USAR unit pay administration as prescribed by USARC Pam 37-1; instructions included Regional Level Application Software (RLAS) to work pay; maintain a pay account, administer the Selected Reserve Incentive Program/Loan Repayment Programs, Unit AT annexes, preparing and submitting AT payroll, transmittal letters, PEBD, reports, travel, incapacitation pay claims, pay adjustments, and miscellaneous pay actions.
11 Sep 06 – 25 Sep 06 PLDC US Army Training Center Camp Shelby, MS	**Graduated with distinguished Honors.** Course of instruction prepared sergeants for positions of higher responsibility as section leaders. Major subject areas include Leadership, training, physical fitness training, map reading, land navigation, counseling, soldier team development, basic supply and maintenance procedures and common field crafts.
Jan 00 –Mar 00 Administrative Specialist U.S. Army Training Center Fort Jackson	**Advanced Individual Training, Honor graduate.** Course focused on teaching skills in typing, filing and preparing military correspondence.
MILITARY EXPERIENCE	**List ALL military assignments**
Jan 08 – Present Enlisted Assignments NCO 327th Engineers Battalion Ruston, LA	Concise job description focusing on the unique characteristics of your specific position. List **outstanding achievements** and **additional duties** while in position. Spell out terms that apply to your assignment and then **bold the acronym** for any key terms/buzzwords in your MOS,, i.e. Prescribed Load List **(PLL).**
Jul 05 – Dec 07 Records Clerk 1/153rd Infantry Atlanta, GA	**Bold** any **significant achievements, impact awards,** receipt of **unit coins, certificates of achievement, or appearance before soldier/NCO of the month/qtr boards.**
Feb 03 – Jun 05 Legal Sergeant 34th LSO Dallas, TX	Focus on **measurements of success. NOT** just a job description, but how well you did the job. Use NCOER bullets as a reference. Mention if you **exceeded standards** on **a significant inspection/evaluation. Bold deployments** or make a separate assignment entry if deployment was for several months.

Dec 02 – Feb 03 Legal Clerk 34th LSO Dallas, TX	Responsible for all administrative functions within the Office of the Staff Judge Advocate. Assisted in preparing legal papers and forms, conducting investigations and researching activities. **Selected as NCO of the Year.**
Jan 01 – Nov 02 Legal Clerk 34th LSO Kuwait	**Deployed in support of Operation Iraqi Freedom.** Responsible for all administrative functions within the Office of the Staff Judge Advocate. Assisted in preparing legal papers and forms, conducting investigations and researching activities.
Mar 00 – Dec 01 Admin Clerk 34th LSO Dallas, TX	Responsible for posting information from several sources on enlisted and officer personnel records; examined records for accuracy and completeness and initiated actions to correct deficiencies.

CIVILIAN EXPERIENCE PERTINENT TO MOS **(If none, then omit this part).**

Jan 05 – Present Paralegal U.S. Attorney's Office Shreveport, LA	Use the same guidance as above. Explain any relevant experience or training you obtained that pertains to the requested WO MOS. Leave blank if no relevant civilian experience.
Aug 00 – Dec 04 Manager Network Operations SBC/Ameritech Corporation LaCrosse, WI	**Responsible** for **directing** the multi-billion dollar **installation, and maintenance of High Capacity Virtual Data-Hauling systems** to include analog voice, digital, SDI – DS3. **Managed SONET as well as Optical Circuits** (OC-3, OC-12, OC-48, OC-192), for high capacity hauling via HDSL, HDSL2 and 4, along Copper and Fiber pathways. Coordination of High Capacity Circuit services for Commercial Clients were observed through managed budget controls of personnel resources (craft/employees), time (scheduling and time reporting) and materials (equipment administration. Responsible for enhancing On Time Performance for Virtual Circuit Installations from 88% in August , 2001 to 95% in May, 2002 with a customer base of 3500-4000 new circuits monthly. as sixty employees at any given time.

SUMMARY: **(Should be on a separate sheet of paper, in case you have to make corrections.**

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold** type all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that set you apart from your peers?** *(Additionally, aviator applicants should include why they want to be an Aviator).*

(*Signature*)
FIRST, MIDDLE I, LAST NAME
Date

NOTE:

- **Uses plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.**
- **Don't go through a big expense. Prepare the resume yourself, but do a quality job.**
- **If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer.**

DA FORM 2A

AND

DA FORM 2-1 OR (ERB)

UPDATED, SIGNED AND DATED

RELEVENT INFORMATION SHOULD MATCH EACH OTHER AND NCOERS

COMPLETE FORMS ACCORDING TO AR 600-8-104

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Missing NCOER's

1. Please accept my apology for the missing NOCERs. I have been unsuccessful in obtaining a copy of my NCOER from the 880th Training Brigade for the rating period 198912 thru 199009. I have exhausted all available sources to get my missing NCOER. I was mobilized to Fort Carson, CO from 199010 thru 199104 and the NCOER was not completed at the end of my mobilization. I have exhausted all available sources to get my missing NCOER. During the period 200401 thru 200409 I was assigned to the Control Group which is non-rated time. **(Give a reason for why no NCOER was issued).**

2. Please continue to consider my packet for warrant officer candidacy.

(Signature)
JOHN R. DOE
SFC, USAR
000-00-0000

PROVIDE ALL NCOER'S DA FORM 2166-8

CIVILIAN WORK APPRASIALS IF THEY APPLY TO WOMOS

OTHER SERVICE NCO EVALUATIONS

NCO EVALUATION REPORT

For use of this form, see AR 623-3 ; the proponent agency is DCS, G-1.

FOR OFFICIAL USE ONLY (FOUO) SEE PRIVACY ACT STATEMENT IN AR 623-3.

PART I - ADMINISTRATIVE DATA

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. RANK	d. DATE OF RANK	e. PMOSC
DOE, JOHN R.	000-00-0000	SFC ( )	20070313	42A40

f.1. UNIT ORG. STATION ZIP CODE OR APO, MAJOR COMMAND	f.2. STATUS CODE	g. REASON FOR SUBMISSION
HHD, 377TH TACOM, NEW ORLEANS, AL	AGR	

h. PERIOD COVERED FROM (YEAR MONTH DAY)	THRU (YEAR MONTH DAY)	i. RATED MONTHS	j. NON-RATED CODES	k. NO. OF ENCL	l. RATED NCO'S EMAIL ADDRESS *(.gov or .mil)*	m. UIC	n. CMD CODE	o. PSB CODE
					john.r.doe@usar.army.mil	WVYAAA	2H	K002

PART II - AUTHENTICATION

a. NAME OF RATER *(Last, First, Middle Initial)*	SSN	SIGNATURE	DATE *(YYYYMMDD)*
RANK / PMOSC/BRANCH / ORGANIZATION / DUTY ASSIGNMENT		RATER'S AKO EMAIL ADDRESS *(.gov. or .mil)*	
b. NAME OF SENIOR RATER *(Last, First, Middle Initial)*	SSN	SIGNATURE	DATE *(YYYYMMDD)*
RANK / PMOSC/BRANCH / ORGANIZATION / DUTY ASSIGNMENT		SENIOR RATER S AKO EMAIL ADDRESS *(.gov. or .mil)*	
c. NAME OF REVIEWER *(Last, First, Middle Initial)*	SSN	SIGNATURE	DATE *(YYYYMMDD)*
RANK / PMOSC/BRANCH / ORGANIZATION / DUTY ASSIGNMENT		REVIEWER'S AKO EMAIL ADDRESS *(.gov. or .mil)*	

d. ☐ CONCUR WITH RATER AND SENIOR RATER EVALUATIONS ☐ NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL *(See attached comments)*

e. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description to include the counseling dates in Part III, and the APFT and height/weight entries in Part IVc are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.	SIGNATURE	DATE *(YYYYMMDD)*

PART III - DUTY DESCRIPTION *(Rater)*

a. PRINCIPAL DUTY TITLE	b. DUTY MOSC

c. DAILY DUTIES AND SCOPE *(To include, as appropriate, people, equipment, facilities and dollars)*

d. AREAS OF SPECIAL EMPHASIS

e. APPOINTED DUTIES

f. COUNSELING DATES	INITIAL	LATER	LATER	LATER

PART IV - ARMY VALUES/ATTRIBUTES/SKILLS/ACTIONS *(Rater)*

a. ARMY VALUES. Check either "YES" or "NO". *(Bullet Comments are mandatory. Substantive bullet comments are required for "NO" entries.)*

V A L U E S

Loyalty
Duty
Respect
Selfless-Service

Honor
Integrity
Personal Courage

	YES	NO
1. LOYALTY: Bears true faith and allegiance to the U. S. Constitution, the Army, the unit, and other Soldiers.		
2. DUTY: Fulfills their obligations.		
3. RESPECT/EO/EEO: Treats people as they should be treated.		
4. SELFLESS-SERVICE: Puts the welfare of the nation, the Army, and subordinates before their own.		
5. HONOR: Lives up to all the Army values.		
6. INTEGRITY: Does what is right - legally and morally.		
7. PERSONAL COURAGE: Faces fear, danger, or adversity *(physical and moral).*		

Bullet comments

RATED NCO'S NAME *(Last, First, Middle Initial)*	SSN	THRU DATE
+ DOE, JOHN R.	000-00-0000	+

PART IV *(Rater)* - VALUES/NCO RESPONSIBILITIES

Bullet comments are mandatory.
Substantive bullet comments are required for "EXCELLENCE" or "NEEDS IMPROVEMENT."

b. COMPETENCE
- o Duty proficiency; MOS competency
- o Technical & tactical; knowledge, skills, and abilities
- o Sound judgment
- o Seeking self-improvement; always learning
- o Accomplishing tasks to the fullest capacity; committed to excellence

EXCELLENCE *(Exceeds std)* ☐ **SUCCESS** *(Meets std)* ☐ **NEEDS IMPROVEMENT** *(Some)* ☐ *(Much)* ☐

c. PHYSICAL FITNESS & MILITARY BEARING
- o Mental and physical toughness
- o Endurance and stamina to go the distance
- o Displaying confidence and enthusiasm; looks like a Soldier

APFT | HEIGHT/WEIGHT /

EXCELLENCE *(Exceeds std)* ☐ **SUCCESS** *(Meets std)* ☐ **NEEDS IMPROVEMENT** *(Some)* ☐ *(Much)* ☐

d. LEADERSHIP
- o Mission first
- o Genuine concern for Soldiers
- o Instilling the spirit to achieve and win
- o Setting the example; Be, Know, Do

EXCELLENCE *(Exceeds std)* ☐ **SUCCESS** *(Meets std)* ☐ **NEEDS IMPROVEMENT** *(Some)* ☐ *(Much)* ☐

e. TRAINING
- o Individual and team
- o Mission focused; performance oriented
- o Teaching Soldiers how; common tasks, duty-related skills
- o Sharing knowledge and experience to fight, survive and win

EXCELLENCE *(Exceeds std)* ☐ **SUCCESS** *(Meets std)* ☐ **NEEDS IMPROVEMENT** *(Some)* ☐ *(Much)* ☐

f. RESPONSIBILITY & ACCOUNTABILITY
- o Care and maintenance of equipment/facilities
- o Soldier and equipment safety
- o Conservation of supplies and funds
- o Encouraging Soldiers to learn and grow
- o Responsible for good, bad, right & wrong

EXCELLENCE *(Exceeds std)* ☐ **SUCCESS** *(Meets std)* ☐ **NEEDS IMPROVEMENT** *(Some)* ☐ *(Much)* ☐

PART V - OVERALL PERFORMANCE AND POTENTIAL

a. RATER. Overall potential for promotion and/or service in positions of greater responsibility.

AMONG THE BEST ☐ FULLY CAPABLE ☐ MARGINAL ☐

b. RATER. List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade.

_____

_____

_____

e. SENIOR RATER BULLET COMMENTS

c. SENIOR RATER. Overall performance ☐ ☐ ☐ ☐ ☐
1 2 3 Successful 4 Fair 5 Poor
+

d. SENIOR RATER. Overall potential for promotion and/or service in positions of greater responsibility. ☐ ☐ ☐ ☐ ☐
1 2 3 Superior 4 Fair 5 Poor

SERVICE SCHOOL ACADEMIC EVALUATION REPORT

For use of this form, see AR 623-3; the proponent agency is DCS, G-1.

DATE *(YYYYMMDD)*

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. SSN	3. GRADE	4. BR	5. SPECIALTY/MOSC
DOE, JOHN R	000-00-0000	SFC		

6. COURSE TITLE	7. NAME OF SCHOOL	8. COMP
BNCOC	FORT JACKSON, SC	

9. THIS IS A REFERRED REPORT, DO YOU WISH TO MAKE COMMENTS?

☐ YES ☐ NO

10. DURATION OF COURSE *(YYYYMMDD)*

From: Thru:

11. PERFORMANCE SUMMARY

*a. ☐ EXCEEDED COURSE STANDARDS
(Limited to 20% of class enrollment)

b. ☐ ACHIEVED COURSE STANDARDS

*c. ☐ MARGINALLY ACHIEVED COURSE STANDARDS

*d. ☐ FAILED TO ACHIEVE COURSE STANDARDS

**Rating must be supported by comments in ITEM 14.*

12. DEMONSTRATED ABILITIES

a. **WRITTEN COMMUNICATION**
☐ NOT EVALUATED ☐ UNSAT ☐ SAT ☐ SUPERIOR

b. **ORAL COMMUNICATION**
☐ NOT EVALUATED ☐ UNSAT ☐ SAT ☐ SUPERIOR

c. **LEADERSHIP SKILLS**
☐ NOT EVALUATED ☐ UNSAT ☐ SAT ☐ SUPERIOR

d. **CONTRIBUTION TO GROUP WORK**
☐ NOT EVALUATED ☐ UNSAT ☐ SAT ☐ SUPERIOR

e. **EVALUATION OF STUDENT'S RESEARCH ABILITY**
☐ NOT EVALUATED ☐ UNSAT ☐ SAT ☐ SUPERIOR

(SUPERIOR/UNSAT rating must be supported by comments in ITEM 14

13. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING?

☐ YES ☐ NO ☐ N/A *(A "NO" response must be supported by comments in ITEM 14)*

14. COMMENTS *(This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs.)*

15. AUTHENTICATION

a. TYPED NAME, GRADE, BRANCH, AND TITLE OF RATER	DATE *(YYYYMMDD)*	SIGNATURE
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER	DATE *(YYYYMMDD)*	SIGNATURE

c. DATE *(YYYYMMDD)*	SIGNATURE OF RATED SOLDIER

PROVIDE ALL

DA FORM 1059’S

SECURITY CLEARANCE VERIFICATION

JCAVS PERSON SUMMARY

To include SMS security screen if the soldier has an Interim Clearance

Person Summary

DOE, JOHN PAUL

Person Category Reserve - Enlisted (USAR)

SSN:
Open Investigation: N/A
PSQ Sent Date: N/A
Attestation Date: 2003 12 18
Incident Report: N/A
SF 713 Fin Consent Date: N/A
SF 714 Fin Disclosure Date: N/A
Polygraph: N/A
Foreign Relation: N/A

Date of Birth: 1972 10 20
Marital Status: N/A
Place of Birth: Washington
Citizenship: U.S. Citizen
NdA Signed: Yes
NdS Signed: Yes

Accesses

Category	US Access	PSP	Suitability and Trustworthiness	SCI
Reserve - Enlisted (USAR)	Top Secret	No	**IT:** N/A **Public Trust:** N/A **Child Care:** N/A	Yes

Person Category Information

Category Classification: N/A
Organization: WYGEB0, COL EDITH M NUTTELL USAR, 921 S 4TH AVE SW, TUMWATER, WA, 985128403
Organization Status: N/A
Occupation Code: N/A
Separation Date: N/A
SCI SMO: I CORPS SSO, FT LEWIS, WA, Level 3, 253-968-9132/4, - I Corps SSO, , NIPR: , SIPR: , JWICS:
Non-SCI SMO: 373 MI BN, MIRC-W, Level 6, (253) 966-8583, Security Manager: mary.jane @us.army.mil .
Servicing SMO: Yes
Office Symbol: N/A
Grade: E7
Position Code: N/A
PS: N/A
Arrival Date: N/A
RNLTD: N/A
Office Phone Comm: N/A
Office Phone DSN: N/A
Separation Status: N/A
TAFMSD: N/A
Interim: N/A
Proj. Departure Date: N/A
Proj. UIC/RUC/PASCODE: N/A

Report Incident

In/Out Process

Investigation Summary

SBPR from UnKnown, Opened: 2002 02 12 Closed 2003 06 27
SSBI from UnKnown, Opened: Closed 1993 03 09

Adjudication Summary

PSI Adjudication of SBPR UnKnown, Opened 2002 02 12, Closed 2003 06 27, determined Eligibility of SCI - DCID 6/4 on 2004 05 04 ArmyCCF

PSI Adjudication of SSBI UnKnown, Opened , Closed 1993 03 09, determined Eligibility of SCI - DCID 6/4 on 1993 04 14 ArmyCCF

External Interfaces

Perform SII Search **DCII**

Notice: Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives.

CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT PRIOR SERVICE -

For use of this form, see AR 135-100; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 651, 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.

ROUTINE USES: Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 *, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement.

(Applicable AR)

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein.

Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.

2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.

3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:

a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.

b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.

c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.

d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.

e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state *(including the District of Columbia and Puerto Rico)* in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

TYPED NAME OF APPLICANT *(Last - First - Middle Initial)*	SOCIAL SECURITY NUMBER
DOE, JOHN R.	000-00-0000
SIGNATURE	DATE
	1 October 2008

CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION

For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	10 USC 270.
PRINCIPAL PURPOSE:	Used together with application for appointment to insure individual understanding of the service requirements.
ROUTINE USES:	Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE:	Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 * there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

(Applicable AR)

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.

2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:

a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.

b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.

c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve *(IRR)* and while so assigned, if so ordered by competent authority, will perform not more that 30 days active duty for training annually.

d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.

e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE	SOCIAL SECURITY NUMBER
1 October 2008	000-00-0000
NAME *(Typed) (Last, First, MI)*	SIGNATURE
DOE, JOHN R.	

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO ATTENTION OF

Office Symbol 1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Statement of Understanding for Appointment as a Warrant Officer

1. I understand that if I am appointed as a Warrant Officer in the Reserve of the Army with concurrent call to Active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the Warrant Officer Basic Course (WOBC) unless I have been pre-certified by the Warrant Officer MOS Proponent.

2. I further understand that if I am appointed as a Warrant Officer in the Reserve of the Army without concurrent call to Active Duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been pre-certified by the Warrant Officer MOS Proponent or unless extended by HQDA.

3. I also understand that if I am eliminated from or fail to successfully complete the technical and tactical certification as specified above I may be subject to discharge under regulations in effect at that time from the Reserve of the Army.

JOHN R. DOE
SFC, USAR
000-00-0000

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confine- ment or a $10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE *(YYYYMMDD)*
TILLEY, Gary James	111-22-3333	20090103

4.a. HOME ADDRESS *(Street, Apartment No., City, State, and ZIP Code)*
123 Anywhere Drive
Chicago, Ill 60601

b. HOME TELEPHONE *(Include Area Code)*
(312) 222-4545

5. EXAMINING LOCATION AND ADDRESS *(Include ZIP Code)*
Chicago Meps
123 Wabash Road
Chicago Ill 606003

X ALL APPLICABLE BOXES:

6.a. SERVICE		b. COMPONENT		c. PURPOSE OF EXAMINATION			
X	Army		Active Duty		Enlistment		Medical Board
	Coast Guard						Other *(Specify)*
	Navy	X	Reserve	X	Commission		Retirement
	Marine Corps		National Guard		Retention		U.S. Service Academy
	Air Force				Separation		ROTC Scholarship Program

7.a. POSITION *(Title, Grade, Component)*
MSG, Army Reserve

b. USUAL OCCUPATION
Busdriver

8. CURRENT MEDICATIONS *(Prescription and Over-the-counter)*
None

9. ALLERGIES *(Including insect bites/stings, foods, medicine or other substance)*
None

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
10.a. Tuberculosis	○	○
b. Lived with someone who had tuberculosis	○	○
c. Coughed up blood	○	○
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	○	○
e. Shortness of breath	○	○
f. Bronchitis	○	○
g. Wheezing or problems with wheezing	○	○
h. Been prescribed or used an inhaler	○	○
i. A chronic cough or cough at night	○	○
j. Sinusitis	○	○
k. Hay fever	○	○
l. Chronic or frequent colds	○	○
11.a. Severe tooth or gum trouble	○	○
b. Thyroid trouble or goiter	○	○
c. Eye disorder or trouble	○	○
d. Ear, nose, or throat trouble	○	○
e. Loss of vision in either eye	○	○
f. Worn contact lenses or glasses	○	○
g. A hearing loss or wear a hearing aid	○	○
h. Surgery to correct vision *(RK, PRK, LASIK, etc.)*	○	○
12.a. Painful shoulder, elbow or wrist *(e.g. pain, dislocation, etc.)*	○	○
b. Arthritis, rheumatism, or bursitis	○	○
c. Recurrent back pain or any back problem	○	○
d. Numbness or tingling	○	○
e. Loss of finger or toe	○	○

12. *(Continued)*	YES	NO
f. Foot trouble *(e.g., pain, corns, bunions, etc.)*	○	○
g. Impaired use of arms, legs, hands, or feet	○	○
h. Swollen or painful joint(s)	○	○
i. Knee trouble *(e.g., locking, giving out, pain or ligament injury, etc.)*	○	○
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	○	○
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	○	○
l. Bone, joint, or other deformity	○	○
m. Plate(s), screw(s), rod(s) or pin(s) in any bone	○	○
n. Broken bone(s) *(cracked or fractured)*	○	○
13.a. Frequent indigestion or heartburn	○	○
b. Stomach, liver, intestinal trouble, or ulcer	○	○
c. Gall bladder trouble or gallstones	○	○
d. Jaundice or hepatitis *(liver disease)*	○	○
e. Rupture/hernia	○	○
f. Rectal disease, hemorrhoids or blood from the rectum	○	○
g. Skin diseases *(e.g. acne, eczema, psoriasis, etc.)*	○	○
h. Frequent or painful urination	○	○
i. High or low blood sugar	○	○
j. Kidney stone or blood in urine	○	○
k. Sugar or protein in urine	○	○
l. Sexually transmitted disease *(syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)*	○	○
14.a. Adverse reaction to serum, food, insect stings or medicine	○	○
b. Recent unexplained gain or loss of weight	○	○
c. Currently in good health *(If no, explain in Item 29 on Page 2.)*	○	○
d. Tumor, growth, cyst, or cancer	○	○

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
TILLEY, Gary James	111-22-3333

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
15.a. Dizziness or fainting spells	○	○
b. Frequent or severe headache	○	○
c. A head injury, memory loss or amnesia	○	○
d. Paralysis	○	○
e. Seizures, convulsions, epilepsy or fits	○	○
f. Car, train, sea, or air sickness	○	○
g. A period of unconsciousness or concussion	○	○
h. Meningitis, encephalitis, or other neurological problems	○	○
16.a. Rheumatic fever	○	○
b. Prolonged bleeding *(as after an injury or tooth extraction, etc.)*	○	○
c. Pain or pressure in the chest	○	○
d. Palpitation, pounding heart or abnormal heartbeat	○	○
e. Heart trouble or murmur	○	○
f. High or low blood pressure	○	○
17.a. Nervous trouble of any sort *(anxiety or panic attacks)*	○	○
b. Habitual stammering or stuttering	○	○
c. Loss of memory or amnesia, or neurological symptoms	○	○
d. Frequent trouble sleeping	○	○
e. Received counseling of any type	○	○
f. Depression or excessive worry	○	○
g. Been evaluated or treated for a mental condition	○	○
h. Attempted suicide	○	○
i. Used illegal drugs or abused prescription drugs	○	○
18. FEMALES ONLY. Have you ever had or do you now have:		
a. Treatment for a gynecological (female) disorder	○	○
b. A change of menstrual pattern	○	○
c. Any abnormal PAP smears	○	○
d. First day of last menstrual period *(YYYYMMDD)*		
e. Date of last PAP smear *(YYYYMMDD)*		

	YES	NO
19. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.	○	○
b. Inability to perform certain motions	○	○
c. Inability to stand, sit, kneel, lie down, etc.	○	○
d. Other medical reasons *(If yes, give reasons.)*	○	○
20. Have you ever been treated in an Emergency Room? *(If yes, for what?)*	○	○
21. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*	○	○
22. Have you ever had, or have you been advised to have any operations or surgery? *(If yes, describe and give age at which occurred.)*	○	○
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	○	○
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*	○	○
25. Have you ever been rejected for military service for any reason? *(If yes, give date and reason for rejection.)*	○	○
26. Have you ever been discharged from military service for any reason? *(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)*	○	○
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*	○	○
28. Have you ever been denied life insurance?	○	○

29. EXPLANATION OF "YES" ANSWER(S) *(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)*

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
TILLEY, Gary James	111-22-3333

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
20090103	111-22-3333

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
TILLEY, Gary James	123 Anywhere Drive Chicago, Ill 60601	(312) 222-4545

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX	10.a. RACIAL CATEGORY (X one or more)	b. ETHNIC CATEGORY
E-5	19760404	33	[ ] Female [X] Male	[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [X] White [ ] Native Hawaiian or Other Pacific Islander	[ ] Hispanic/Latino [ ] Not Hispanic/Latino

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY	b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
10			B Co. 174th Eng. BN. Ft. Sheridan ,Ill 606032

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS

15.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
[X] Army [ ] Coast Guard [ ] Navy [ ] Marine Corps [ ] Air Force	[ ] Active Duty [X] Reserve [ ] National Guard	[ ] Enlistment [ ] Medical Board [ ] Other [X] Commission [ ] Retirement [ ] Retention [ ] U.S. Service Academy [ ] Separation [ ] ROTC Scholarship Program	Chicago MEPS 123 Wabash Road Chicago, Ill 60603

CLINICAL EVALUATION *(Check each item in appropriate column. Enter "NE" if not evaluated.)*

	Normal	Abnorm	NE
17. Head, face, neck, and scalp			
18. Nose			
19. Sinuses			
20. Mouth and throat			
21. Ears - General *(Int. and ext. canals/Auditory acuity under item 71)*			
22. Drums *(Perforation)*			
23. Eyes - General *(Visual acuity and refraction under items 61 - 63)*			
24. Ophthalmoscopic			
25. Pupils *(Equality and reaction)*			
26. Ocular motility *(Associated parallel movements, nystagmus)*			
27. Heart *(Thrust, size, rhythm, sounds)*			
28. Lungs and chest *(Include breasts)*			
29. Vascular system *(Varicosities, etc.)*			
30. Anus and rectum *(Hemorrhoids, Fistulae) (Prostate if indicated)*			
31. Abdomen and viscera *(Include hernia)*			
32. External genitalia *(Genitourinary)*			
33. Upper extremities			
34. Lower extremities *(Except feet)*			
35. Feet *(See Item 35 Continued)*			
36. Spine, other musculoskeletal			
37. Identifying body marks, scars, tattoos			
38. Skin, lymphatics			
39. Neurologic			
40. Psychiatric *(Specify any personality deviation)*			
41. Pelvic *(Females only)*			
42. Endocrine			

44. NOTES: *(Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)*

43. DENTAL DEFECTS AND DISEASE *(Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)*

[ ] Acceptable
[ ] Not Acceptable Class _____

35. FEET *(Continued) (Circle category)*

Normal Arch	Mild	Asymptomatic
Pes Cavus	Moderate	
Pes Planus	Severe	Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
TILLEY, Gary James	111-22-3333

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar			

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b.			
c.			

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT	54. WEIGHT lbs.	55. MIN WGT - MAX WGT	MAX BF %	56. TEMPERATURE	57. PULSE

58. BLOOD PRESSURE			59. RED/GREEN *(Army Only)*	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS.	SYS.	SYS.		
DIAS.	DIAS.	DIAS.		

61. DISTANT VISION		62. REFRACTION BY AUTOREFRACTION OR MANIFEST			63. NEAR VISION		
Right 20/	Corr. to 20/	By	S.	CX	Right 20/	Corr. to 20/	by
Left 20/	Corr. to 20/	By	S.	CX	Left 20/	Corr. to 20/	by

64. HETEROPHORIA *(Specify distance)*

ES° EX° R.H. L.H. Prism div. Prism Conv CT NPR PD

65. ACCOMMODATION		66. COLOR VISION *(Test used and result)*	67. DEPTH PERCEPTION *(Test used and score)* AFVT	
Right	Left	PIP /14	Uncorrected	Corrected

68. FIELD OF VISION	69. NIGHT VISION *(Test used and score)*	70. INTRAOCULAR TENSION	
		O.D.	O.S.

71a. AUDIOMETER	Unit Serial Number						71b. Unit Serial Number							72a. READING ALOUD TEST
Date Calibrated *(YYYYMMDD)*							Date Calibrated *(YYYYMMDD)*							
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	☐ SAT ☐ UNSAT
Right							Right							72b. VALSALVA
Left							Left							☐ SAT ☐ UNSAT

73. NOTES *(Continued)* **AND SIGNIFICANT OR INTERVAL HISTORY** *(Use additional sheets if necessary.)*

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
TILLEY, Gary James	111-22-3333

74.a. EXAMINEE/APPLICANT *(check one)*

- [ ] IS QUALIFIED FOR SERVICE
- [ ] IS NOT QUALIFIED FOR SERVICE

75. I have been advised of my disqualifying condition.

a. SIGNATURE OF EXAMINEE	b. DATE *(YYYYMMDD)*

b. PHYSICAL PROFILE

P	U	L	H	E	S	X	PROFILER INITIALS	DATE *(YYYYMMDD)*

76. SIGNIFICANT OR DISQUALIFYING DEFECTS

ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE *(YYYYMMDD)*	QUALI-FIED	DIS-QUALI-FIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE *(YYYYMMDD)*

77. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers) (Use additional sheets if necessary.)*

78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify) (Use additional sheets if necessary.)*

79. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE *(YYYYMMDD)*	INITIAL	WKID	ST	DATE *(YYYYMMDD)*	INITIAL

80. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE

81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	b. SIGNATURE
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	b. SIGNATURE
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	b. SIGNATURE
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY	b. SIGNATURE

85. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE *(YYYYMMDD)*

86. WAIVER GRANTED *(If yes, date and by whom)*

- [ ] YES
- [ ] NO

87. NUMBER OF ATTACHED SHEETS

LAB WORK

HEARING TEST

EKG

FROM PHYSICAL

Statement of acknowledgment for accommodation of religious practices

Department of Defense policy is to accommodate religious practices when accommodations will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religion.

Unit commanders are authorized to initially approve or deny request for accommodations religious practices. Conditions of accommodation my change based on military need.

Policy guidelines are contained in AR 600-20 and AR 165-20.

I understand that the Army cannot guarantee accommodation of religious practices.

(Signature)
JOHN R. DOE
1 October 2008

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC .

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.

ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name *(Last, First, MI)*	Rank/Grade	Social Security No.	Date of Counseling
DOE, JOHN R.	SFC/E-7	000-00-0000	1 October 2008

Organization	Name and Title of Counselor
Region 8, RTO, Ft Snelling, MN 55111	SFC MARILYN KNIGHTEN, OANCO

PART II - BACKGROUND INFORMATION

Purpose of Counseling: *(Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)*

WARRANT OFFICER ACCESSION BONUS

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

I, _____, have been counseled on the Warrant Officer Accession Bonus and understand the eligibility requirements to receive this incentive per message HQDA, DAPE-MPA, 260353Z.

_____ I elect to receive the Warrant Officer Accession Bonus in the WOMOS of _____.

_____ I decline the Warrant Officer Accession Bonus.

_____ I understand the WOMOS which I am applying does not offer a bonus.

_____ I understand Military Technician's do not qualify for the Warrant Officer Accession Bonus.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment *(other than rehabilitative transfers)*, separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)*

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☒ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: SFC JOHN R. DOE Date: 1 October 2008

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: SFC MARILYN KNIGHTEN, OANCO Date: 1 October 2008

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

CORRECTION

WRITTEN AGREEMENT
OFFICER ACCESSION BONUS
ACKNOWLEDGEMENT

In connection with my appointment as an officer and agreement to serve with the United States Army Reserve under the Selected Reserve Incentive Program. I hereby acknowledge that:

1. I meet the eligibility criteria, as follows:

a. I agree to accept an appointment as an officer in the armed forces to serve in the Selected Reserve in a critical officer skill that is designated for bonus entitlement by the Secretary of the Army.

b. I am not accepting an appointment as officer serving in the Selected Reserve for the purpose of qualifying for a military technician position where membership in a Reserve Component is a condition of employment (a one time temporary assignment as a military technician is excluded) or an Active Guard and Reserve (AGR) position.

c. I am not being accessed for continuous active duty service.

d. I possess a skill designated by the Secretary of the Army for bonus entitlement or I agree to accomplish the necessary training prescribed by the Secretary of the Army to achieve the designated skill within 36 months of appointment.

e. I am not currently receiving financial assistance under chapters 1608, 1609, 1611, sections 2107, or 2107a of title 10, United Code, or special pay under section 302g of title 37, United States Code, and will not receive such assistance during the period of this agreement.

2. I shall incur the following obligations in connection with my agreement to accept an appointment as an officer serving in the Selected Reserve:

a. I hereby agree to serve in the Selected Reserve for six years, the full period of this agreement.

b. I shall serve satisfactorily, as prescribed by the appropriate regulations of the United States Army Reserve, for the complete period in the Selected Reserve of the United States Army Reserve according to my written agreement and in the critical skill in which accessed, unless excused for the convenience of the government.

3. I shall be paid an accession bonus, as follows:

a. The bonus accrues beginning on the date this agreement is accepted by the Secretary of the Army.

b. The total amount of the bonus payable under the agreement becomes fixed upon acceptance of this written agreement by the Secretary of the Army.

c. I shall receive a bonus of $10,000 paid in one lump sum upon my successful completion of OBC/WOBC.

CORRECTION

CORRECTION

4. If I fail to accept a commission or appointment as an officer, or I do not commence to participate, or I do not satisfactorily complete the service obligation incurred under this agreement for any of the reasons listed below, I understand that recoupment or entitlement to a portion of the bonus amount will be calculated in accordance with paragraph 5 below:

a. If I fail to participate satisfactorily in training or duty with the Selected Reserve including failure to maintain medical and dental readiness, during the entire period of the service obligation, unless the failure to participate satisfactorily was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

b. If I fall or fail to complete OBC/WOBC within 36 months of the date of appointment.

c. If I am involuntarily separated from the Selected Reserve unless as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

d. If I separate from the Selected Reserve for any reason (including enlistment or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct or an involuntary call-up0 or mobilization.

e. If I voluntarily move to a non-bonus skill unless the move is required by the Reserve Component.

f. If I fall to extend the contracted term of service for a period of authorized non-availability.

g. If I accept a military technician position where membership in a Reserve component is a condition of employment. (a one time temporary assignment as a military technician for 6 months or less is excluded) or an AGR position.

5. The amount to be recouped or reimbursed shall be computed as follows:

a. The number of months I have served satisfactorily during the term for which my bonus has been paid shall be multiplied by the monthly rate authorized by the particular bonus (calculated by dividing the total bonus amount by the number of months of service the member has agreed to serve).

b. That amount shall be subtracted from the total amount of bonus paid to date (initial and any subsequent payments).

c. If the calculation indicates overpayment to me, I shall refund that amount to the government of the United States. If the calculation indicates that I have earned more than I have been paid, I shall receive a final payment in that amount.

6. Termination from bonus entitlement and/or any refund made by me shall not affect my period of obligation to serve in the Ready Reserve.

7. If, subsequent to the acceptance of this agreement by the Secretary of the Army or his delegate, I am called or involuntarily ordered to active duty, I shall be paid, during that period of active duty, any amount of the bonus that becomes payable to me during that period of active duty.

CORRECTION

CORRECTION

UNDERSTANDING

I have read and understand each of the statements above and the statements contained in this agreement signed by me, and I understand that they are intended to constitute all promises or agreements whatsoever concerning my affiliation. No other promise, representation, or commitment has been made to me in connection with my affiliations bonus.

AUTHENTICATION

Signature of service representative and date

Signature of service member and date

Typed name and grade of witnessing officer

Signature and date

Army Reserve Retention and Transition Division

Load/Hold Vacancy Request Form

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT: Authority for collection of personal information and Social Security Number is 10 U.S.C. 3012. Disclosure by applicant is voluntary. Principle purpose is to access applicants into United States Army Reserve units. Routine uses: to document vacancy management actions and accessions in the United States Army Reserve. The Social Security Number is used for maintenance of records and the compiling of statistics.

Date Requested:	**12 Mar 2009**			Date Completed:	
REGION:	**08**	ARCC SSN:	**000-00-0000**	ARRC RSID:	**U03F**
RRTO Representative:	**SFC JOSIE DOE**			RRTO Representative Telephone:	**000-000-0000**

Applicant Data

Rank/Grade:	**CW2**	Name (last):	**Doe**	(first):	**John**
SSN:	**000-00-0000**	Sex (M/F):	**M**		
PMOS/AOC:		ASI/SI:	**O/00**	Language ID Code:	
SMOS/AOC:		ASI/SI:	**O/00**	Language ID Code:	
AMOS/AOC:		ASI/SI:	**O/00**	Language ID Code:	
City (residence):	**Melcher**	(state):	**IA**	ZIP Code:	**50163**

Unit Data

UIC:	**WQZ9AA**	Unit Name:	**414th Eng Det (FF)**
Priority :		Facility ID:	
Unit POC:	**Mr.Jonathan Doe**	Unit POC Telephone:	**000-000-0000**
POC e-mail address:	jonathan.doe@usar.army.mil	Choice ZIP:	**50801-4040**

Position Data

Vacancy Control Number:		Authorized Sex (M/I/F):	**I**
Override (typing, line score, etc.):		Authorized Grade:	**CW3**
MOS/AOC:	**420A**	ASI/SI:	
Language ID Code:			
Para:	**101**	Line:	**04**
Posn:	**0035**		
Type (P/A/O):	**A**	Will-Train (P/N):	**P**

Purpose

IRR to TPU:	**Y**	IRR to IMA:		IMA to TPU:	

RRC Notes

AR-RTD Notes

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC .

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.

ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name *(Last, First, MI)*	Rank/Grade	Social Security No.	Date of Counseling
DOE, JOHN K.	SFC/E7	000-00-0000	02 FEBRUARY 2009

Organization	Name and Title of Counselor
0415th REGT 1 BN Det 1, Tucson, AZ 85713	SFC Josie White, Special Missions NCO

PART II - BACKGROUND INFORMATION

Purpose of Counseling: *(Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)*

AGR TO TPU WARRANT OFFICER SELECTION

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

I am currently assigned, as an Enlisted Soldier, in the AGR program. I am applying for a TPU Warrant Officer position and have been advised that the Warrant Officer position in which I am applying is not a full time position.

If selected by the HQDA WO Selection Board I will submit a DA Form 4187 requesting REFRAD from my current AGR position prior to attending WOCS.

I understand that I am not authorized to attend any Warrant Officer training or accept my appointment until I have been discharged from my AGR Status.

I understand that acceptance to this position will terminate my full time employment and I will need to seek other full time employment while serving as a Warrant Officer in the assigned TPU.

I understand that I am not eligible to reapply for another AGR position as a Warrant Officer until I have completed WOBC and become MOSQ.

I understand that if I decide to reapply for the AGR program as a Warrant Officer there must be a valid position in the WOMOS in which I am applying and that no guarantees have been made to me regarding my acceptance into the AGR program.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment *(other than rehabilitative transfers)*, separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)*

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: JOHN K. DOE Date: 2 FEB 09

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: JOSIE WHITE Date: 2 FEB 09

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and Instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME *(Last, First, Middle Initial)*	b. PAY GRADE	c. SSN	d. SERVICE COMPONENT
Doe, John R.	E-6	000-00-0000	Navy Reserve

e. CURRENT UNIT/ COMMAND	f. ADDRESS (1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
145th	1405 Green Street	Atlanta	GA	31222

2. RECRUITING OFFICE ADDRESS

a. STREET	b. CITY	c. STATE	d. ZIP CODE
1590 Adamson Parkway	Morrow	GA	31222

3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ *(losing component);* request that it be accepted contingent upon actual appointment or enlistment in the _____ *(gaining component),* and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED
	081001

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the Army Reserve *(Service/Component).*

b. NAME OF RECRUITER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED
BROWN, Joseph H.		
e. TITLE		
Army Reserve Career Counselor		081001

SECTION II - APPROVAL/DISAPPROVAL

5. *(X as applicable)*

	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____ .
	b. DISAPPROVED. Release is not granted. *(Explain in "Remarks.")*

6. AUTHORIZING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. TITLE

c. TELEPHONE NUMBER *(Include area code)*	d. ADDRESS (1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

e. SIGNATURE	f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____ .

THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME *(Last, First, Middle Initial)*	b. TITLE	c. UNIT/COMMAND

d. TELEPHONE NUMBER *(Include area code)*	e. ADDRESS (1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

f. SIGNATURE	g. DATE SIGNED

SECTION IV - REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

PRINCIPAL PURPOSE(S): To obtain clearance from component and discharge upon entry into another component of the Military Services.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in delay or denial of release from component.

INSTRUCTIONS

GENERAL INSTRUCTIONS.

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason: .....")